Provider Advisory Group Meeting
September 17, 2013, 7-8:30 A.M.

Name	Organization
Daniel O'Neil	Steward Health
Darby Buroker	Steward Health
Eugenia Marcus	Pediatric Health Care at Newton-Wellesley
Norma Lopez	WellCrest
Steven Fox	Blue Cross Blue Shield MA
Paul Oppenheimer	Sisters of Providence Health System
Nicolaos Athienites	Renal Medical Care
Gregory Harris	Psychiatrist; Brigham and Women's
Support Staff	Massachusetts eHealth Collaborative
Mark Belanger	Massachusetts eHealth Collaborative
Jennifer Monahan	Massachusetts eHealth Collaborative

Review of Materials and Discussion

Project Updates

- Mass HIway Phase 1- Transaction and Deployment Update (as of Aug 2013) (Slide 2)
    - The group reviewed the Phase 1 updates. There are 28 organizations in production, 13 live and 41 total organizations on the HIway. Major clients slated for testing in September/October include Holyoke, Pioneer Valley Information Exchange (PVIX), and Atrius, Reliant, VNA Care Network.
    - A list of 11 vendors requesting to connect to the HIway as a Health Information Service Provider (HISP) was provided.
    - In August 97,058 transactions were exchanged. To date, over 1,446,634 Phase 1 transactions have been transmitted through the Mass HIway.
- Phase 2 Overall Timeline (Slide 3)
    - Many of the Public Health Nodes are now live or in testing. The preliminary approach to the Phase 2 Design is complete, but the Design team is still open to feedback and the go-live for Phase 2 is slated for October 2013- March 2014.

Mass HIway Phase 2- Reactions to the near final design

- Search, Query, Response Activity (Slide 5)
    - Searching and requesting records can happen through a portal or integrated into the users EHR (electronic health record) via the web. Most users will leverage the portal early on to access the Phase 2 services.

        - Users will choose which method based on capabilities and preferences. The data holding entity will evaluate the request and can decide how they would like to respond. The response will always go back to the user- it could be sent back via the HIway, but that functionality is not available with the portal.
- RLS and Query- Retrieve Available Either Through HIway Portal or Integrated in EHR (Slide 6)
    - Starting on the right, Phase 2, like Phase 1, is designed to meet the market where it is; understanding that there is a lot of difference in maturity between providers. The design team has designed this to be as open and flexible as possible with the four query retrieve methods listed on the right:
        - Manual: Using the Relationship Listing Service (RLS) via the Provider Portal to find the record location; records can then be retrieved manually.
        - Cross entity viewing: Several organizations already utilize this "magic button-like" functionality. Organizations that trust each other, have contracts and legal structure in place, and share a high percentage of patients (e.g. Beth Israel Deaconess and Mass General Hospital) currently allow access to view static summaries of one another's patient records. The Mass HIway Phase 2 functionality will support and improve upon this functionality.
        - "Push –to-Push": Similar to e-mail processes, a user will pushes a request for a record and will get an asynchronous reply.
        - "Query response": A Mass HIway user may initiate a request for a medical record for a patient. The HIway will provide the data holder with requestor authentication and authorization in a machine readable form that may facilitate an automated synchronous response to the query.
    - The data sent to the data requester does not come back via the HIway Provider Portal but may be sent via the HIway Direct service.
- Overview of HIway Query-Retrieve Use Patterns. (Slide 7)
    - Patient consent is gathered in order for the patients name show up on the RLS. There is a patient to healthcare organization relationship established when an organization contributes information. There is a technical control in place so only organizations that have a relationship with a patient may view that patient on the RLS. If there is no ADT message sent for a given patient from an organization, that patient is invisible to that organization on the RLS.
- Login Details and Screenshot (Slides 8 & 9)

    - The provider portal is launched in a web browser and the user is prompted to enter their user name and password. There are strong password requirements and lockout functionality. Future features will include single sign-on (SSO) capabilities and the ability to launch from within the EHR.
- Landing Page Details and Screenshot (Slides 10 & 11)
    - Once a user logs in, there is basic content explaining the HIway/portal; warnings, explanations etc. The user can initiate a request from here; there is a patient search button and a medical record request button.
- Demographics Search & Search Results Details and Screenshot (Slides 12 & 13)
    - A demographic search using the Master Patient Index (MPI) using a set of information that is available to the HIway. There is still some policy work to be done around what information will be used. The HIway will return only "direct hits" and returns matches only if there is an established relationship. A list of what potential data fields will be used to match patients was provided. Initiate is running in the background to match the patients; there will be a manual process if anyth potential match is "kicked out." The demographic data collected will not include the social security number.
    - Question: Is there a filter to get archived data, for a specialist looking into specific information?
        - Answer: All you are getting at this point is the fact that information exists at an organization; "Nick has information at MGH (Massachusetts General Hospital) as well as Dr. Harris's office." There is a lack of maturity at this point with EHR's; they cannot provide that level of granularity.
    - Comment: Problems we encounter at our practice is the amount of irrelevant data we receive. It would be more efficient and more effective if there was some kind of archiving to get specific data.
    - Question: In order to identify a record, do you need all 7 of those identifiers?
        - Answer: There is a set of policy decisions that EOHHS (Executive Office of Health and Human Services) will need to work through to determine minimal required information.
    - Comment: Email address and phone numbers are problematic because they change relatively often.
    - Comment: The Initiate matching software is relatively mature at this point, but there will be issues like that. The good thing is the HIway knows the identifiers for the organizations that submitted information.
- Patient Summary (RLS) Details and Screenshot (Slides 14 & 15)

    - There is a display of the organization(s) the patient has a relationship. The number of encounters and the date of the last ADT (Admit, Discharge, Transfer) message sent to the organization is available.
- Relationship Selection Details and Screenshot (Slides 16 & 17)
    - The user has selected Massachusetts General Hospital and is provided with a display of available query options; cross entity viewer, medical record retrieval, or call, fax mail. In the example given, MGH has the cross-entity viewer and the medical record request capabilities.
- Cross Entity Viewer Details and Screenshot (Slides 18 & 19)
    - If the provider chose to use the cross-entity viewer it will enable a launch/view into the organizations EHR; assuming legal agreements are in place.
- Medical Record Request Details and Screenshot (Slides 20 & 21)
    - Comment: If the user is going to use the portal to ask for a record, the request will include the authenticating credentials, patient identifying information. The HIway knows the MPI of the organization that holds the data, why not send that MPI as well. If you are sending something to Dr. Harris, why not include the patient's Medical Record Number. There is no visibility into the response.
    - Question: You mention the entity knowing the others alias or MRN for a patient, is it under the consideration that the state might assign an ID that participants would use for exchange?
        - Answer: At this point they are leaving the end points assign their own numbers as they have always done and making the associations in the center. Mass HIway will not assign identifiers to patients.
    - Comment: This will be time consuming; I do not see myself digging through this information. I will likely have one of my assistance look through the information
    - Question: For non-organizational physicians that will have a new patient referral, and they have no prior relationship with that patient, how will the provider access the information needed? Specialists needing access from the primary care provider for example.
        - Answer: Because it is the state dealing with this, they have elected to be conservative. There must be some kind of acknowledgement that a organization patient relationship exists before providing access. One way to handle this is having a registration event where the patient can give consent which could trigger an ADT message to the HIway to establish the relationship and access. The other ways are still being contemplated and as you can imagine, Orion (Mass HIway technical vendor) has all kinds of technical ways to "break glass." The state has asked them to

develop this, but it is still a question whether they will turn it on or not. It opens the door for more risk.

- Question: Would that consent be captured electronically, or does it need to be face to face?
    - Answer: That will be a policy decision. The EOHHS legal team will make likely make this an attestation that a provider organization has the information consent recorded. They will likely leave a lot of latitude on how they provider wants to execute the consent gathering.
- Comment: I find this a major obstacle for patient choices, especially now with ACOs (Accountable Care Organizations), the patient may be forced to stay with a certain entity, restricting access to maybe a specialist of choice.
- Question: Can the patient themselves login to this and have a copy of their record?
    - Answer: Not at the moment. There is a set of requirements that Orion is charged with to create a patient portal. To start the patient will have a view (similar to view on slide 17) into their relationships. The other function is to give patients a way to audit their transactions so they know who is providing the relationship information and who is viewing them.
- Question: What if a patient moves to another state, at this point they cannot login and download their information?
    - Answer: At this time no, it will just be the relationships that are viewable. A lot of the details and policy around this has not yet been figured out. It makes sense to give the patients a way to see what information exists about them.
- Question: Once you are able to correctly identify the patient, and you have consent, and you want to turn on the "fire hose" of data.
    - Answer: It is whatever the data holder wants to give you. Mercy may decide to send a simple summary to the data request; basic CCDs (Continuity of Care Documents) for example. Some may say I will not put up anything, they want to use manual processes. It is flexible at this point what the organization wants to send
- Question: Will there ever be a uniform standard for replying?
    - Answer: That is the hope; there was an explicit decision to not make that at the center. The idea is to let the control stay with the data holders and not force any kind of conformance.
- Question: Can the requester ask for targeted information; please send MRIs (Magnetic Resonance Imaging) or discharge summaries for example?

- Answer: Looking back at slide 6, there are four query methods, if you were to use the top two methods, you can have granularity. The responder can decide how much information to respond with.

There is a hope that the provider portal will fade into the background as EHRs mature over time. A lot of the steps seen in the screenshots will become "buried" when utilizing the single sign-on.

Next steps

- Key points and recommendations synthesized and provided back to Advisory Group for final comments
- Presentation materials and notes to be posted to EOHHS website
- Next Provider Advisory Group Meeting – October 15, 7-8:30 am. Conference call – (866) 951-1151 Room Number: 8234356.
- HIT Council – October 7, 3:30-5:00 One Ashburton Place, 21st Floor

HIT Council meeting schedule, presentations, and minutes may be found at
http://www.mass.gov/eohhs/gov/commissions-and-initiatives/masshiway/hit-council-meetings.html